Rescue of NERAMAC in Tripura

1106. SHRI B.K.HARIPRASAD: Will the Minister of FOOD PROCESSING INDUS TRIES be pleased to state:

(a) whether it is a fact that Asia's largest fruit juice processing plant NERAMAC at Nalkatta in Tripura is on the verge of closure due to lack of financial and administrative back-up; and

(b) whether the Central Government propose to come to the rescue of this unit, equipped with most sophisticated equipments from Sweden, Italy and USA, and substaining the livelihood of thousands of pineapple growers in the region through a rehabilitation package ?

THE MINISTER OF STATE OF THE MINISTRY OF FOOD PROCESSING INDUSTRIES (SHRI TARUN GOGOI): (a) No, Sir.

(b) The Ministry of Food Processing Industries has been granting financial assistance to NERAMAC in view of its financial difficulties. NERAMAC has been purchasing pineapple from the pineapple growers of the region for its processing plant at Nalkatta in Tripura.

Implementation of Dual Policy in (be Deep Sea Fishery Sector

1107. SHRI MENTAY PADMANABHAM : Will the Minister of FOOD PROCESSING INDUSTRIES be pleased to state:

(a) whether Government are implementing a dual policy with regard to Indian entrepreneurs and Foreign entrepreneurs in the deep sea fishery sector;

(b) what are the reasons therefor;

(c) whether such an approach in favour of foreign investment is likely to endanger our natural resources; and

(d) the step being taken to evolve a more even handed approach for the two sectors ?

THE MINISTER OF STATE OF THE MINISTRY OF FOOD PROCESSING INDUSTRIES (SHRI TARUN GOGOI): (a) to (d) There is no dual policy with regard to Indian entrepreneurs and Foreign entrepreneurs in deep sea fishery sector. No permission has been given to foreign entrepreneurs for deep sea fishing in Indian waters. However, permissions have been given to Indian Companies to enter into Joint Ventures with Foreign entrepreneurs, involving foreign investment for deep sea fishing operations in Indian waters.. Deep sea fishing vessels acquired under such projects are registered as per Indian rules and operated in the same manner as fully owned Indian vessels.

Production of Soft Drinks

1108. SHRI S. AUSTIN: Will the Minister of FOOD PROCESSING INDUSTRIES be pleased to state:

(a) whether Government have received any request from Pepsi Food Limited for dropping of 'Lehar' from its brand name for soft drinks products;

(b) if so, the details thereof;

(c) whether Government have taken any decision in this regard; and

(d) if so, the details thereof?

THE MINISTER OF STATE OF THE MINISTRY OF FOOD PROCESSING INDUSTRIES (SHRI TARUN GOGOI); (a) to (d) No, Sir. However, after the issue of Press Note No. 6 dated 14th May, 1992, regarding removal of prohibition on use of foreign brand names/trade marks for domestic sales, M/s. Pepsi Foods Limited made a request for removal of this condition from the approval granted to them. Their request has been accepted by the Government.

Cases of Malignant Diseases in the Regional Research Institute of Homoeopathy, Bombay

1109. SHRI GAYA SINGH: Will the Minister of HEALTH AND FAMILY WEL FARE be pleased to state :

(a) whether ISCADOR therapy has been given to cases of malignant diseases in the Regional Research Institute of Homoeopathy, Bombay during the year 1991-92 and 1992-93; and

(b) if so, the details of such cases ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) and (b) The information is being collected and will be laid on the table of the House.

C.G.H.S. Dispensaries Functioning in Delhi

1110. SHRI GHUFRAN AZAM: Will the Minister of HEALTH AND FAMILY WEL FARE be pleased to state:

(a) the number of CGHS dispensaries

functioning in Delhi and around in Allopathic, Ayurvedic, Homoeopathic and Unani systems of medicine;

(b) the number of times all these dispensaries have been visited and inspected by Director of CGHS, Senior officers of the Directorate General of Health Services and of the Union Ministry of Health and Family Welfare and what have been their findings;

(c) what is the source of supply of medicines to these dispensaries for use of the beneficiaries and what steps are being taken to ensure that all medicines are always available to avoid repeated visits of the patients; and

(d) whether there are any lacunae in punctuality, discipline and availability of supply of medicines in the CGHS dispensaries; what steps Government propose to take to improve their functioning ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) There are 84 Allopathic, 13 Ayurvedic, 13 Homoeopathic and 4 Unani Dispensaries/Units functioning in and around Delhi.

(b) During the last 8 months, 65 visits/ inspections have been made by Director, CGHS and 130 visits/inspections by Additional Director (HQ) and Zonal Additional Director to these dispensaries. They are found that by and large the dispensaries are functioning satisfactorily.

(c) Most of the medicines are supplied to these dispensaries by the Medical Store Organisation. The medicines which are not supplied by Medical Store Organisations are procured from Local Chemists and supplied to the beneficiaries,

(d) The CGHS dispensaries are generally reported to be functioning satisfactorily in respect of punctuality, discipline and availability of medicines. However, every effort is being made to improve efficiency and to raise the quality of service in the dispensaries.

Rural/Urban Disparities in Health Sector

1111. SHRI MURLIDHAR CHAN-DRAKANT BHANDARE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that rural/urban disparities in Health have widened;

(b) if not, what ii the rural/urban break-up of (i) Infant mortality rate, (ii) Crude death rate, (iii) Crude birth rate and (iv) Population per bed;

(c) what is the per capita expenditure on health for rural and urban sector; and

(d) steps taken by Government to provide better medical facilities in the rural areas ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARA-NAND): (a) and (b) No, Sir. The gap in the health status of the rural and urban population lias narrowed during the last 10 years as indicated below:

	1981		1991	
	Rural	Urban	Rural	Urban
Infant Mortality Rate	119	62	87	53
Crude Death Rate	13.7	7.8	10.6	7.1
Crude Birth Rate	35.6	27.0	30 9	24.3
Population per Hospital bed	8422	395	6596	415

Moreover, the percentage of hospitals in rural areas, the population served per rural hospital and primary health centre has also improved.

(c) Per capita expenditure on rural areas and urban areas separately is not available.

(d) Health is primarily a State subject. However, the Centre has been augmenting the resources available for filling critical gaps in (adding disease control programmes. A large